

Texas Department of State Health Services

2016-2017 Influenza Season in Perspective

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FLU SURVEILLANCE



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- Influenza-Like Illness (ILI)
 - Voluntarily submitted from hospitals and doctor's offices
 - Collected and reported by local health departments
 - ESSENCE
- School ILI Absenteeism Data
 - Voluntarily submitted by school nurses
 - Collected and reported by local health departments

SURVEY MONKEY!

FLU SURVEILLANCE



Texas Department of State Health Services

- Flu Test Data
 - Voluntarily submitted from hospitals and doctor's offices
 - Collected and reported in local health departments
 - World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) participating laboratories
 - Antigenic characterization and antiviral resistance testing done at CDC laboratory

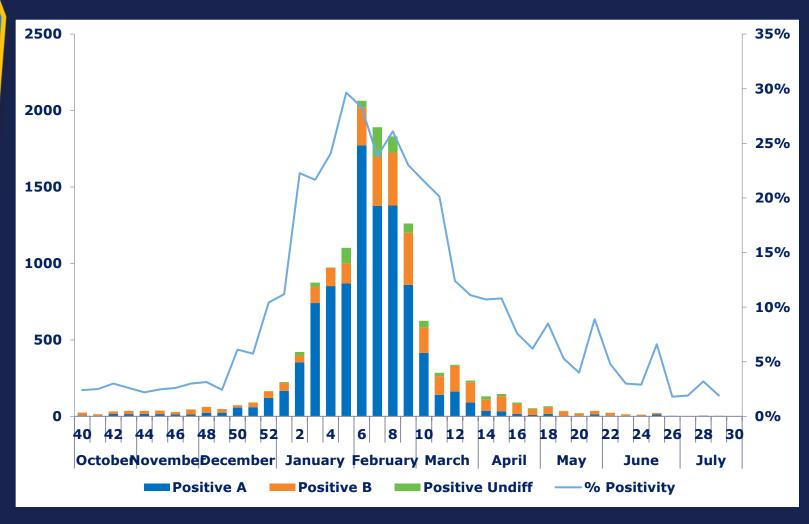


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2016-2017 Influenza Season Summary

INFLUENZA TEST RESULTS, TYPE AND OVERALL POSITIVITY FOR HSR 2/3

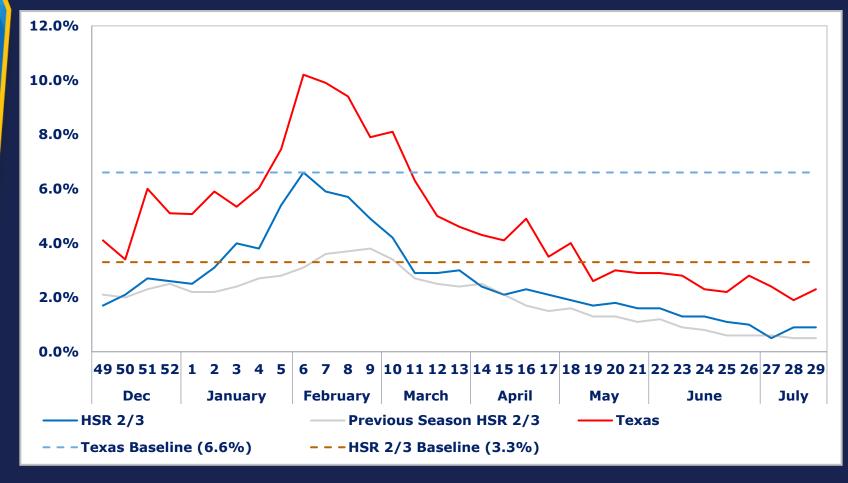




9/13/2017 5

INFLUENZA-LIKE ILLNESS, PERCENTAGE OF TOTAL PROVIDER VISITS FOR HSR 2/3





A Weekly Influenza Surveillance Report Prepared by the Influenza Division Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet



2016-17 Influenza Season Week 6 ending Feb 11, 2017



9/13/2017 7



Long-Term Care Facility (LTCF) Influenza Outbreaks

FLU OUTBREAKS AT LTCF



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- From January 2017 to April 2017, 21 Flu outbreaks were reported at LTCFs in HSR 2/3.
 - Majority during the peak of the flu season in week 6

Criteria for an Influenza Outbreak at a LTCF



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- When there is a confirmed or suspected influenza outbreak (2 or more ill residents).
 - One laboratory confirmed case
 - Other cases of respiratory infection in a unit



Testing

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- Recommendations and guidance for PCR/subtype testing were provided to each facility.
 - Most facilities were using rapid antigen test
 - Were not testing all patients with ILI
 - Were not aware of laboratory resources such as DSHS and LRNs



Challenges

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- Low vaccination rates for staff members
- Staff members with ILI not excluded from work
 - Exclude ill staff, including volunteers, from work for at least 24 hours after resolution of fever* (without the use of fever reducing medications). Those with ongoing respiratory symptoms should be evaluated to determine appropriateness of contact with patients. Exclusion for a minimum of 5 days is ideal.
- Family members visiting residents with ILI
- Breakdown of communication during patient transfer from acute care facility to LTCF

RECOMMENDATIONS TO LTCF STAFF



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- Patients that exhibit ILI symptoms or confirmed/probable cases were separated from the well
- Cohorting of ill/exposed and well, if space is limited
- Placed on standard and droplet precaution.
- All residents were given Tamiflu as precaution, if possible.
 - Within 48 hours of symptoms onset is recommended
- Signs were placed on the doors and highly populated areas for staff and family members.
- Vaccinations recommendation.
- Educational material provided to staff; such as exclusions for ill employees.



Droplet Precaution

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- Implement droplet precautions in addition to standard precautions for suspected or confirmed cases for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
 - Placing resident in private rooms if possible; cohorting suspect cases with one another
 - Wear facemask (surgical or procedure mask) upon entering resident's room and discarding in a waste container when leaving
 - Have the resident wear a mask if they are being transferred, if possible



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Thank you

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